

Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new The Community Bank account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of Account Closure Authorization

To Whom It May Concern:

Financial Institution:
Address:
City, State, Zip:

Please close my account:

Account Number: Primary Owner:
Address:
City, State, Zip:

Please send the remaining balance to:

Check your desired option.

Please deposit directly to my new account at The Community Bank.
Account # Routing #

Please forward me a check to my address listed below.

Primary Signature: Date:
Joint Signature:
Name:
Address:
City, State, Zip:
Phone Number:

Congratulations!

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to
The Community Bank

